

Attachment 8

Office of Administration
Commissioner's Office
 Contract Period July 1, 2016 – June 30, 2017
"Request for Preauthorization for Other Services"

Program: **Alternatives to Abortion**Contractor: Alliance for Life - Missouri, Inc.Subcontractor: Alternatives Clinic Harrisonville, Mo

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

 Client Name [REDACTED] Date Enrolled 01-26-2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
2/2/17	Past Due Car Payment to Consumer Portfolio Services	\$242.92	No other sources of funding available for car payments; this is only vehicle for transp. to get to school, work, Dr. appts, and A to A case management meetings. She has had to cut back her hours at work to complete her clinicals for nursing school. [REDACTED] is scheduled to graduate in May and will be able to search for a job as an RN, if she can complete her clinicals.
2/2/17	Current Car Payment to Consumer Portfolio Services	\$265.69	
	2013 Kia Rio Mileage: 106,499		
Amt to be reimbursed		\$508.61	

Authorized person requesting purchase: Teresa HaffnerDate: 1/30/17Alliance for Life Program Manager: Marka Middleton

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____

BILLING NOTICE**CPS**Consumer Portfolio Services, Inc.
PO BOX 57071, IRVINE CA 92619-7071***** ACCOUNT PAST DUE *******CUSTOMER INFORMATION**

ACCOUNT NO. ▶

BORROWERS ▶

COLLATERAL DESCRIPTION ▶

Send Regular Payments To:
*Please do not send correspondence to this address*Consumer Portfolio Services, Inc.
P O BOX 98763
PHOENIX AZ 85038-0763

Make Check Payable To: CPS AUTO REC TRUST 2014 - D

A fee of up to \$25.00 will be assessed on all Returned Checks.

BILLING SUMMARY	
STATEMENT DATE ▶	1/24/2017
NEXT PAYMENT DATE ▶	1/15/2017
REGULAR MONTHLY PAYMENT ▶	\$265.69
AMOUNT PAST DUE ▶	\$217.04
LATE / SERVICE FEES ▶	\$23.14
TOTAL DUE ON NEXT PAYMENT DATE ▶	\$505.87

PRINCIPAL BALANCE ▶ **\$7,717.86**

Please Call 1-888-469-4520 for your payoff amount. Your payoff amount is different than your principal balance, as the principal balance does not include interest.

Send Payoff or Correspondence To:

Consumer Portfolio Services, Inc.
PO BOX 57071
IRVINE CA 92619-7071Visit us online at www.consumerportfolio.com to:

- Make a payment with your check, debit card or credit card (Additional fee may apply)
- See prior statements
- See your payment history
- Get your payoff
- Change your mailing address
- See Frequently Asked Question

Or Call us at 1-888-469-4520**THIS LETTER IS AN ATTEMPT TO COLLECT A DEBT.**
ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.
Credit Reporting Disputes: If you believe we reported incorrect or incomplete information about you, write us at:Consumer Portfolio Services, Inc.
Attn: Credit Report Response Team
P.O. Box 57071
Irvine, CA 92619-7071

Please tell us why you believe it is incorrect or incomplete and provide any evidence you may have.

Please see back for additional disclosures.

For Proper Credit Please Return this Coupon in the Enclosed Envelope

PAYMENT COUPON**CPS**Consumer Portfolio Services, Inc.
PO BOX 57071, IRVINE CA 92619-7071A fee of up to \$25.00
will be assessed on all
Returned Checks.

*****MIXED AADC 913

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